

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90084 035 ****61.25

DOCUMENT # N38804

1. Entity Name

LEE COUNTY FIRE MARSHAL'S ASSOCIATION, INC.



Principal Place of Business

2600 TRAIL DAIRY CIRCLE
NORTH FT. MYERS FL 33917
US

Mailing Address

P.O. BOX 1233
FT. MYERS FL 33902
US

24006816



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0266221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, ROLAND
15390 MOONRAKER COURT, 411
N. FT. MYERS FL 33917

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **REYNOLDS, ROLAND**
STREET ADDRESS **15390 MOONRAKER CT #911**
CITY-ST-ZIP **N FORT MYERS FL 33917**

TITLE **D** ☐ Delete
NAME **COLLINS, DAVE**
STREET ADDRESS **16470 COOK ROAD**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☐ Delete
NAME **BROTHEIM, CRAIG**
STREET ADDRESS **16272 HORIZON**
CITY-ST-ZIP **N FT MYRS FL**

TITLE **D** ☐ Delete
NAME **NOTTE, DAN**
STREET ADDRESS **409 SE 31ST ST**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☒ Delete
NAME **GOODMAN, MARK T**
STREET ADDRESS **27490 OLD US 41 RD**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **MACKENZIE, GREG**
STREET ADDRESS **15961 WINKLER RD.**
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roland Reynolds **ROLAND REYNOLDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-04 239-731-1931